## Counterplan text: Adolescents ought to assent to medical choices and dissent only in cases when it is not essential to their welfare or when they are attempting to gain further clarification. The Committee of Bioethics is the solvency advocate: COMMITTEE ON BIOETHICS, 1993 TO 1994 Arthur Kohrman, MD, Chair Ellen Wright Clayton, MD Joel E. Frader, MD Michael A. Grodin, MD Kathryn L. Moseley, MD Ian H. Porter, MD Virginia M. Wagner, MD <http://www.cirp.org/library/ethics/AAP/#n14> “Informed Consent, Parental Permission, and Assent in Pediatric Practice”

**Decision-making involving the health care of** older children and **adolescents should include,** to the greatest extent feasible, **the assent of the patient** as well as the participation of the parents and the physician. **Pediatricians should not necessarily treat children as** rational, **autonomous decision makers**, **but** they should **give** serious **consideration** **to each patient's** developing **capacities for** participating in decision-making, including **rationality and autonomy**. If physicians recognize the importance of assent, they empower children to the extent of their capacity.[12](http://www.cirp.org/library/ethics/AAP/#n12) Even in situations in which one should not and does not solicit the agreement or opinion of patients, involving them in discussions about their health care may foster trust and a better physician-patient relationship, and perhaps improve long-term health outcomes. **Assent should include** at least **the following elements**: **1) Helping the patient achieve a developmentally appropriate awareness of the nature of his or her condition. 2) Telling the patient what he or she can expect with tests and treatment(s). 3) Making a clinical assessment of the patients understanding of the situation** and the factors influencing how he or she is responding (including whether there is inappropriate pressure to accept testing or therapy**). 4) Soliciting an expression of the patient's willingness to accept the proposed care**. Regarding this final point, we note that **no one should solicit a patient's views without intending to weigh them seriously**. In situations in which the patient will have to receive medical care despite his or her objection, the patient should be told that fact and should not be deceived. As children develop, they should gradually become the primary guardians of personal health and the primary partners in medical decision-making, assuming responsibility from their parents. Just as is the case with informed consent, the emphasis on obtaining assent should be on the interactive process in which information and values are shared and joint decisions are made. The Academy does not in any way recommend the development of new bureaucratic mechanisms, such as ``assent forms,'' which could never substitute for the relational aspects of consent or assent. **THE PATIENT'S REFUSAL TO ASSENT (DISSENT) There are clinical situations in which a persistent refusal to assent** (ie, dissent) **may be ethically binding**.[13](http://www.cirp.org/library/ethics/AAP/#n13) This seems most obvious in the context of research (particularly that which has no potential to directly benefit the patient).[**14**](http://www.cirp.org/library/ethics/AAP/#n14)**A patient’s reluctance or refusal to assent should also carry considerable weight when the proposed intervention is not essential to his or her own welfare and/or can be deffered without substantial risk. Medical personnel should respect the wishes of patients who** withhold **or** **temporarily refuse assent in order to gain a better understanding** of their situation or to come to terms with fears or other concerns regarding proposed care. Coercion in diagnosis or treatment is a last resort. 15ETHICAL CONFLICT AND ITS RESOLUTION Social forces tend to concentrate authority for health care decisions in the hands of physicians and parents and this tendency diminishes the moral status of children.[12](http://www.cirp.org/library/ethics/AAP/#n12) Thus, **those who care for children need to provide for measures [from]** to solicit assent and to attend to possible abuses of ``raw'' power over children when ethical conflicts occur. This is particularly important regarding the initiation, **withholding**, or withdrawing of **life-sustaining treatment.**[**16,17**](http://www.cirp.org/library/ethics/AAP/#n16)

1. Competition: a) mutually exclusive- they defend assent and dissent thus perms wouldn’t make sense. Don’t let them sever out of their advocacy because it makes the round irresolvable which would be an independent reason to vote them down.
2. Solvency

Dissent by adolescents in life saving situations is very problematic. **Pustilnik et Al:** AMANDA C. PUSTILNIK is an Associate Professor of Law at the University of Maryland School of Law, and LESLIE MELTZER HENRY JD, MSc, is a core faculty member at the Johns Hopkins Berman Institute of Bioethics “Introduction: Adolescent Medical Decision Making and the law of the horse” 2012 PE

The heterogeneity in legal standards for **adolescent decision making is reflected in,** and perhaps reinforced by, **genuine ethical disagreement as to when,** whether, and how **medical professionals ought to include adolescents in decisions about their own care**. In the last century, the legal and ethical doctrine of informed consent-which obligates health care providers to provide patients with the information necessary to make knowledgeable, voluntary, and rational decisions about their care'-has transformed the doctor-patient relationship from a paternalistic one, in which "doctors know best" about their patients' healthcare,9 to a more collaborative one, in which patients and doctors work together to make treatment decisions.'0 While this framework invites adult patients to participate in their health care, it generally entitles adolescents to do the same only in three circumstances: emancipated minors, mature minors, and minors seeking treatment for certain medical conditions, such as sexually transmitted diseases, alcohol or drug misuse, and pregnancy." Otherwise, minors are generally thought to lack the requisite decision-making capacity to consent to health care.12 **In recent years**, however, **the ethical doctrine of *assent* has gained traction as a mechanism to invite children of various ages, but particularly** **adolescents**, **to voice their treatment preferences**. **The A**merican **M**edical **A**ssociation **views adolescents as increasingly capable of independent relationships with their health care providers,'3 and the American Academy of Pediatrics suggests that "as children develop, they should gradually become . .. the primary partners in medical decision-making, assuming responsibility from their parents."l 4 Both organizations endorse adolescent assent, but there is little agreement among health care providers, bioethicists, and others as to what assent requires, the age at which children can "assent," the amount and kind of information health care providers ought to disclose to children, and how to assess children's understanding of that 5 information.' Consequently, some commentators contend that "assent is in the midst of an identity crisis." 6 Nowhere is** **this crisis more problematic** than **when adolescents refuse to assent to a particular procedure endorsed by their parents**. **Should physicians proceed over an adolescent's dissent when the patient refuses surgical repair of a malformed ear, an orthopedic device to manage scoliosis, or psychotropic medication to manage attention deficit disorder? These treatment refusals, though not without physical and psychological harm, are not fatal. But how should the assent doctrine, in the absence of relevant laws, respond to the adolescent with cancer who refuses further rounds of chemotherapy?** Does the patient's age matter in this context? What about other indicia of maturity and decisional capacity, such as the patient's previous health care experience? As the assent doctrine develops, these questions about the moral authority of adolescents' decisions will require continued and thoughtful attention.

Aff solves adolescents cannot dissent in life altering situations.